

HUSBAND <i>Robert A JACOBSEN</i>										Husband <i>Robert A JACOBSEN</i>		Wife <i>Marilyn DEAN</i>		NAME & ADDRESS OF PERSON SUBMITTING SHEET			
Born _____ Place _____										Ward		1. _____					
Chr. _____ Place _____										Examiners:		2. _____					
Marr. _____ Place _____										Stake or Mission							
Died _____ Place _____														RELATION OF ABOVE TO HUSBAND		RELATION OF ABOVE TO WIFE	
Bur. _____ Place _____																	
HUSBAND'S FATHER <i>Elmo A JACOBSEN</i>										HUSBAND'S MOTHER <i>Phyllis</i>							
HUSBAND'S OTHER WIVES																	
WIFE <i>Marilyn DEAN</i>														FOUR GENERATION SHEETS FOR FILING ONLY		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Born _____ Place _____																DATE SUBMITTED TO GENEALOGICAL SOCIETY	
Chr. _____ Place _____																	
Died _____ Place _____																	
Bur. _____ Place _____																	
WIFE'S FATHER										WIFE'S MOTHER				LDS ORDINANCE DATA			
WIFE'S OTHER HUSBANDS														BAPTIZED (Date)		ENDOWED (Date)	
														HUSBAND		SEALED (Date and Temple) WIFE TO HUSBAND	
														WIFE		CHILDREN TO PARENTS	
SEX CHILDREN WHEN BORN WHERE BORN DATE OF FIRST MARRIAGE WHEN DIED																	
M List each child (whether living or dead) in order of birth																	
F Given Names SURNAME DAY MONTH YEAR TOWN COUNTY STATE OR COUNTRY TO WHOM DAY MONTH YEAR																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
SOURCES OF INFORMATION										OTHER MARRIAGES				NECESSARY EXPLANATIONS			